

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 7/14/2015	(3) CONTACT/PHONE Frank Warren, Division Manager 788-2055 Raven Lopez, Accountant III 781-4783	
(4) SUBJECT Request to approve the Mental Health Services Act Annual Update to the Three-Year plan for Fiscal Year 2015-16. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board approve the Mental Health Services Act Annual Update to the Three-Year plan for Fiscal Year 2015-16. All Districts.			
(6) FUNDING SOURCE(S) MHSA, Medi-Cal Revenue, EPSDT Revenue	(7) CURRENT YEAR FINANCIAL IMPACT \$13,377,411.00	(8) ANNUAL FINANCIAL IMPACT \$13,377,411.00	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT { } Consent { } Presentation { } Hearing (Time Est. ____) { x } Board Business (Time Est. <u>15</u>)			
(11) EXECUTED DOCUMENTS { } Resolutions { } Contracts { } Ordinances { x } N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A { } 4/5 Vote Required { x } N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY { } N/A Date: <u>7/22/14</u>	
(17) ADMINISTRATIVE OFFICE REVIEW Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, Behavioral Health Administrator

DATE: 7/14/2015

SUBJECT: Request to approve the Mental Health Services Act Annual Update to the Three-Year plan for Fiscal Year 2015-16. All Districts.

RECOMMENDATION

It is recommended that the Board approve the Mental Health Services Act Annual Update to the Three-Year plan for Fiscal Year 2015-16. All Districts.

DISCUSSION

The Mental Health Services Act (MHSA) was enacted into law January 1, 2005, following the passage of Proposition 63 in November 2004 which added a 1% tax on adjusted annual income over \$1,000,000. MHSA funds are divided into five distinct components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technology Needs (CFTN).

San Luis Obispo County's 2015-2016 Annual Update to the Three-Year Program and Expenditure Plan celebrates and details the programs being administered in each component of Mental Health Services Act work plans. Assembly Bill 1467 (passed in June 2012) amended the Act to require that the three-year program and expenditure plan, along with annual updates, must be adopted by the County Board of Supervisors and then submitted to the Mental Health Oversight & Accountability Commission (MHSOAC) within 30 days of adoption (Welfare and Institutions Code 5847 (a)). The Annual Update outlines programs and projects developed in partnership throughout the county as well as their operating budget, and results of past implementation. The results of activities in the 2013-14 fiscal year will also be presented. The various work plans outlined includes: proposed program adaptations; any changes to the original component plans or past updates; projected planning and budgeting for FY 2014-15 through 2016-17.

As required by Welfare and Institutions Code (WIC) 5848 (a) of the MHSA, the local MHSA Community stakeholder group is responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. Details of the stakeholder planning process can be found in the [MHSA 2015-16 Annual Update](#) (pages 10-13). Stakeholders, staff, and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the stakeholder advisory group for approval and budget preparation. For FY 2015-2016, stakeholders have approved the following changes to the CSS and PEI work plans:

1. Request for Proposals (RFP) process for some of the CSS programs was administered during FY 2014-15 to test the market for potential changes in FY 2015-16. The results are as follows:
 - o Sierra Mental Wellness Group, Inc. will be the provider for Mobile Crisis Services, replacing the prior mobile crisis provider, Sandy Friedlander. Sierra will expand the current services by providing two dedicated staff during the daytime shift, placed in high need areas (e.g., mental health clinics and county-wide emergency rooms). The prior provider used on-call staff to cover all areas of the county. Sierra will increase client follow-up and service referral and linkage, decrease response times, and provide more trainings around crisis intervention and WIC 5150 procedures.

- Family Care Network, Inc. will continue to be provider for rehabilitation services for the Child & Youth and Transitional Age Youth (TAY) Full Service Partnership (FSP) teams with no changes;
 - Transitions Mental Health Association (TMHA) will continue to be the provider for rehabilitative services, as well as now providing clinical services for Adult FSP. Clinical Services for Adult FSP was previously provided by County staff. The Department assessed that the program may be more effective and seamless for the client if the clinical and rehabilitative services were provided by one agency. This change will reduce the Department's current Position Allocation List (PAL) by 2.0 FTE Mental Health Therapists. The County staff in those positions will be moved into the newly added Mental Health Therapist positions within the Department's Mental Health Core programs. A formal PAL modification and corresponding budget adjustment will be submitted when TMHA's renewal contract goes to the Board for approval at the end of July or early August.
 - Wilshire Community Services will be the clinical and rehabilitative service provider for Older Adult FSP. Similar to TMHA, the clinical services that Wilshire will provide were previously provided by a 1.0 FTE County Mental Health Therapist. The County staff in this position will be moved into the newly added Mental Health Therapist positions within the Department's Mental Health Core programs. A formal PAL modification and corresponding budget adjustment will be submitted when Wilshire's contract goes to the Board for approval at the end of July or early August.
2. Expand the time and caseload of the County Mental Health Therapist assigned to the Homeless Outreach Team FSP from .50 FTE to 1.0 FTE. This will allow for 10-15 additional clients annually. Funding for this expansion will be included in the CSS budget. No position allocation adjustments will be needed to meet this increase, as staff assignments within MHSA programs have been slightly shifted to accommodate this enhancement.
 3. The Innovation "Service Enhancement Program" will be maintained using CSS funds, and moved to the Quality Support Team division and Managed Care program of the Department. This includes a 1.0 FTE County Administrative Services Officer I, and a 1.0 FTE contracted Peer Navigator.
 4. The Innovation "Veterans Outreach Program" will be maintained using additional PEI and CSS funding. This includes a .50 FTE County Mental Health Therapist, who spends the other half of their time in Veterans Treatment Court, and Drug & Alcohol Specialist assigned to the prevention activities (.50 FTE).
 5. The County will establish a College-Based PEI Specialist from an existing 1.0 FTE Drug and Alcohol Specialist vacancy. This individual will coordinate Stigma, Suicide Prevention, and Mental Health First Aid training for Cal Poly University and Cuesta College. The Specialist will support Cal Poly's Week of Welcome and Summer Orientation (SOAR) program, as well as Cuesta orientation programs, liaison with Active Minds Chapters, etc. Additionally, the position may include media relations, social marketing, and policy development on the local college campuses.

Prevention and Early Intervention (PEI) projects remain strong and popular amongst community stakeholders, providers, and program participants. The PEI Three-Year Evaluation was published along with the 2013-2014 Annual Update and featured outstanding evidence of successful program implementation and efficacy. The County is planning on its next three-year evaluation to be completed in FY 2015-2016, and published as part of next year's Annual Update.

The Innovation (INN) component of MHSA is the most unique. INN projects must be novel, new, and creative, and not duplicated in another community. The Board of Supervisors approved funding for eight local Innovation projects in June 2011. In July 2013, an external evaluator was selected via the county procurement processes. Preliminary findings are included in the current Annual Update and Three Year Plan and the evaluation of all Innovation projects is now underway. The formal evaluation is in the process of being completed and will be made available for review on the County website located here: [MHSA Innovation Evaluation](#). Some of the highlights in the past year have included the release of trainings developed by partnerships forged at the System Empowerment Retreat, the adoption of the Wellness Arts 101 course into Cuesta College's permanent catalogue, and the powerful stigma-reduction activities being generated by youth in the Atascadero High School Wellness Center Career Project.

The Department has applied the lessons learned during the first round of Innovation to streamline, properly plan, and better implement future projects. Community planning for future Innovation plans is currently underway and the submittal of a new Innovation plan is anticipated to follow the evaluation in FY 2015-2016.

As Workforce Education and Training (WET) funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next few years. In FY 2015-2016 the County will continue to offer internships, Crisis Intervention Training, and electronic learning projects which are funded through the WET component. The balance of the funds is projected to be expended by FY 2016-17. This will not result in a reduction of permanent staff as the WET component funds temporary interns and staff trainings. Additionally, the interns have typically generated enough Medi-Cal and Realignment 2011 revenues to offset any costs associated with the position. MHSA stakeholders will reconvene during FY 2015-16 to discuss the how to proceed after FY 2016-17.

The Capital Facility and Technological Needs (CFTN) project includes a comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through a Behavioral Health Electronic Health Record (BHEHR) System allowing for a 'secure, real-time, point-of-care, client-centric information resource for service providers' and the exchange of client information according to a standards-based model of interoperability. The Electronic Health Record project is scheduled to be completed by the end of FY 2014-15.

The San Luis Obispo County Annual Update and Three Year Plan was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 16 through June 17, 2015. A Public Notice was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update was also posted on the San Luis Obispo County Behavioral Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update 30-day public review concluded with a Public Hearing on June 17, 2015 as part of the monthly Behavioral Health Board Meeting. The Behavioral Health Board unanimously approved the Plan update and recommended approval to the Board of Supervisors.

OTHER AGENCY INVOLVEMENT/IMPACT

The MHSA programs are a result of community collaboration and reviewed by mental health stakeholders through the MHSA planning process and by the local community planning team.

FINANCIAL CONSIDERATIONS

The FY 2015-16 Behavioral Health Adopted Budget includes appropriations in the amount of \$13,377,411 allocated for the MHSA programs. This is an increase of \$465,339 from the prior fiscal year. The increase is primarily due to the new contract with new mobile crisis provider, Sierra Mental Wellness. No budget or Position Allocation adjustment is required for the Annual Update. Approval of the report does not affect the level of General fund Support (GFS) requested by the Department, as MHSA programs do not require GFS.

The MHSA programs are funded by:

- Medi-Cal and 2011 Realignment \$2,882,347
- Federal & State Grants: \$147,393
- Insurance and Private Pay Payments: \$17,480
- Mental Health Services Act Trust funds: \$10,330,191
- Total Revenue: \$13,377,411

MHSA Budget by Component	FY 2015-16
Community Services & Supports	\$9,810,529
Prevention & Early Intervention	\$2,143,533
Innovation	\$709,916
Workforce, Education & Training	\$147,135
Capital Facilities/Technological Needs	\$566,298
Total FY 2015-16 MHSA Budget	\$13,377,411

RESULTS

MHSA is dedicated to transforming the public mental health system and seeks to reduce the long-term adverse impact from untreated serious mental illness. Details of the positive impact MHSA funded programs have had on our community can be found, in further detail, within the pages of the annual update. FY 2013-14 highlights include:

Community Services and Supports (CSS):

Full Service Partnership (FSP) - Of the 179 clients served:

- Homelessness of clients reduced by 23%
- Emergency room and psychiatric hospitalizations of clients reduced 72%
- Jail days of clients reduced 89%

FSP Homeless Outreach Team - Of the 161 engaged, 30 were referred to the Public Health Nurse and 42 were screened to participate in behavioral health services, including Drug and Alcohol Services programs for co-occurring disorders. Those individuals yielded the following results:

- Homelessness of clients reduced 18%
- Emergency room and psychiatric hospitalizations of clients reduced 93%
- Jail days of clients reduced 88%
- 24% of the 161 engaged received housing placement during the time they worked with the FSP Homeless Team

Twenty of the 42 (47.62%) completing mental health screening were opened to FSP Intensive Services. These clients received individual therapy and other treatment strategies to reduce and manage the effects of their illness (i.e. medication management, case management, medical supports).

Vocational Training and Supported Employment

- 31.14% (52/167) of clients gained employment

Additionally, the County continues to work towards a more thorough evaluation of CSS – including the use of logic models, evaluation plans, data collection tools, and standardized procedures for data analysis.

Prevention and Early Intervention (PEI):

Positive Development Program:

- Pre and post assessments of over 200 children (0-5) participating in the Positive Development Program had a 72% decrease in their impulsive behavior scores, a 67% decrease in their aggression scores, and a 54% increase in pro-social behaviors.

School Based Wellness:

- Over 300 students participating in the Middle School Comprehensive Project, Student Assistance Program, demonstrate an increase in protective factors and a decrease in protective factors related to mental health, specific outcomes include:
 - 24% improvement in grades
 - 22% reduction in absenteeism
 - 23% reduction in physical fighting
 - 35% increase in coping skills
 - 21% reduction in suicidal ideation
 - 25% reduction in self-harm behaviors

Family Education, Training, and Support:

- 95.02% (363/382) of parents participating in parenting classes indicated reduced behavioral problems in their children as a result of increased parenting skills.

Early Care and Support for Underserved Populations:

- Of the 580 Transitional Aged Youth program participants that were surveyed, 85% demonstrated self-

sufficiency upon completion of the Successful Launch program, and 83% obtained educational goals.

- Pre and post assessments of 106 Older Adult clients receiving counseling demonstrated, on average, a 64% decrease of symptoms of depression.

Innovation (INN):

Projects are developed for the purposes of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. The first round Innovation projects completed at the end of the 2014-15 fiscal year. The formal evaluation for those projects is in the process of being completed and will be made available for review on the County website located here: [MHSA Innovation Evaluation](#). A couple preliminary findings include:

- According to the Cuesta College Institutional Research Department's analysis, more students attempted and completed units following participating in Wellness Arts than prior to Wellness Arts. A total of 71.04% (103/145) of Wellness Arts students completed at least one class in the following semester, an increase of 24%.
- Of the 60 surveyed, Atascadero High School Wellness Center consumers indicated that there was up to a 23% reduction in negative behaviors (e.g., use of drugs or alcohol, self-harm, seriously thought about suicide).

Workforce Education and Training (WET):

- 96.63% (86/89) of the educational forum participants surveyed reported an increased awareness of mental health stigma and the tools necessary to reduce it.

Capital Facilities and Technology Needs (CFTN):

The CFTN project's goal is to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. The Behavioral Health Electronic Health Record project will be completed at the end of FY 2014-15.

The passage of the MHSA provided San Luis Obispo County increased funding, personnel and other resources to support mental health programs for children, transitional age youth, adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs as well as the necessary infrastructure, technology and training elements that supports the County's public mental health system, and contributes to the desired community wide goal of a safe, healthy, and livable community.

ATTACHMENTS

1. Attachment 1- MHSA 2015-16 Annual Update to the Three-Year Plan